

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oleg M. Khodko and Michael Roy Gobler
Application No.: 09/928,667 Group: 2151
Filed: August 13, 2001 Examiner: John B. Walsh
Confirmation No.: 6418
For: COMPUTER NETWORK COMMUNICATION METHOD AND
APPARATUS

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| CERTIFICATE OF MAILING OR TRANSMISSION | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on: | |
| <u>04/14/06</u> | <u>Ellen T. Spear</u> |
| Date | Signature |
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| Typed or printed name of person signing certificate | |

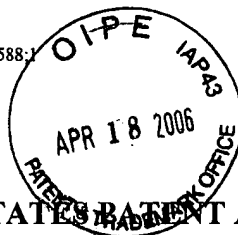
AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is being filed in response to the Office Action mailed from the U.S. Patent and Trademark Office on January 17, 2006 in the above-identified application. Reconsideration and further examination are requested.

Please amend the application as follows:



2151

11/2

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--------------------------------------------------------------------|-------------------------------------------|----------|---------------------------------------|------------------|
| TOTAL | 22 | MINUS * | 26 | 0 |
| INDEP | 2 | MINUS ** | 3 | 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | |

* not fewer than 20

** not fewer than 3

SMALL ENTITY

| | RATE | ADDIT. FEE |
|---|-------|---------------|
| X | \$ 25 | \$ |
| X | \$100 | \$ |
| + | \$180 | \$ |

TOTAL= \$ 0

OTHER THAN
SMALL ENTITY

| | RATE | ADDIT. FEE |
|---|-------|---------------|
| X | \$50 | \$ |
| X | \$200 | \$ |
| + | \$360 | \$ |

TOTAL= \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

| Actual Sheets (Including current amendment) | Highest No. of Sheets Paid For (At least 100) | No. of Additional Units Required (Increments of 50 sheets) |
|------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|
| | | |

SMALL ENTITY

| Rate | Total Amount Owed |
|---------|-------------------------|
| X \$125 | \$[] |

OTHER THAN
SMALL ENTITY

| Rate | Total Amount Owed |
|---------|-------------------------|
| X \$250 | \$[] |

Payment
Sufficient for
up to

[] Sheets

Petition for Extension of Time

[] Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.

Please charge Deposit Account No. 08-0380 for the following fees:

| | | | |
|--------------------------|------------------------------------------|----|----------|
| <input type="checkbox"/> | Petition for [] month Extension of Time | \$ | _____ |
| <input type="checkbox"/> | Claims Fee | \$ | _____ |
| <input type="checkbox"/> | Application Size Fee | \$ | _____ |
| <input type="checkbox"/> | Other Fees: | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | TOTAL: | \$ | <u>0</u> |

A check is enclosed in payment of the following fees:

| | | | |
|--------------------------|------------------------------------------|----|----------|
| <input type="checkbox"/> | Petition for [] month Extension of Time | \$ | _____ |
| <input type="checkbox"/> | Claims Fee | \$ | _____ |
| <input type="checkbox"/> | Application Size Fee | \$ | _____ |
| <input type="checkbox"/> | Other Fees: | | |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | TOTAL: | \$ | <u>0</u> |

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Telephone (978) 341-0036
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Concord, Massachusetts 01742-9133

Dated: 4/14/06